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**COMBINED DECLARATION AND POWER OF ATTORNEY**

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)**

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for an original application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

INCENTIVE BASED HEALTH CARE INSURANCE PROGRAM

**SPECIFICATION IDENTIFICATION**

The specification of which was filed April 8, 2004 and accorded Application No. 10/821,084.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56 .

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)**  
(35 U.S.C. Section 119(e))

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

**PROVISIONAL APPLICATION NUMBER**

**FILING DATE**

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)  
UNDER 35 U.S.C. SECTION 120**

I hereby claim the benefit, under Title 35, United States Code, Section 120, of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information that occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

<b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. SECTION 120:</b>				
U.S. APPLICATIONS		Status		
U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending	Abandoned
<b>PCT APPLICATION DESIGNATING THE U.S.</b>				
PCT APPLICATION NO.	PCT FILING DATE	U.S. APPLICATION NOS. ASSIGNED (IF ANY)	Pending	Abandoned

**POWER OF ATTORNEY**

I hereby appoint practitioners of Mayer, Brown, Rowe & Maw LLP to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, associated with the following CUSTOMER NUMBER:

  
 26565

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SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:



26565

Joseph A. Mahoney, Reg. No. 38,956  
(312) 701-8979

Mayer, Brown, Rowe & Maw LLP  
P.O. Box 2828  
Chicago, IL 60690-2828  
USA

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**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

**Inventor's Name:** Darren W. Hodgdon

**Inventor's signature**

**Date**

9/13/04

**Country of Citizenship:** United States  
**Residence:** Lake Forest, Illinois  
**Post Office Address:** 755 North Washington Street  
Lake Forest, IL 60045